

Welcome to the Residential Provider Webinar!

Before we get started, check out the content below

Select the ^ to change audio settings. If you have been unmuted by the host(s), you can mute or unmute your microphone.

Raise your hand if you need something from the host(s) or would like to be unmuted.

Leave the webinar.

Send a message to one person (private chat) or to all participants

Ask questions anonymously to the host(s) or to the whole group

1

2

3

4

5

Objectives

Objectives



Update

Receive updates on the SUD 1115 Demonstration Phase II



Understand

Understand the SUD Residential Provisional Certification Process and how to obtain Provisional Certification



Be Informed

Be informed of opportunities for American Society of Addiction Medication (ASAM) Criteria training and additional information

SUD 1115 Overview

KY Medicaid's Overall Goals: 6 Milestones of the 1115

1

Access:

Access to Critical Levels of Care for OUD and other SUDs

2

Evidence-based Criteria:

Use of Evidence-based, SUD-specific Patient Placement Criteria

3

National Standards:

Use of nationally recognized SUD-specific Program standards to set Provider Qualifications for Residential Treatment Facilities

4

Provider Capacity:

Sufficient Provider Capacity at Critical Levels of Care including MAT for OUD

5

Comprehensive Strategies:

Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

6

Improved Coordination:

Improved Care Coordination and Transitions between Levels of Care

SUD 1115 Demonstration Phase II

Phase II

**Expected Completion:
04/01/2020**



Provisional Certification for Residential Providers



Add residential/inpatient services for Chemical Dependency Treatment Centers (CDTC)



Add ASAM criteria for Residential Crisis Stabilization Units (RCSU) treating SUD



Update CMHC manual



Anticipated regulation changes: CMHC, CDTC, RCSU

SUD Residential Provisional Certification Process

Why is the Residential Provisional Certification required?

Standardization



With the approval of the *Kentucky Section 1115 Substance Use Disorder (SUD) Demonstration Implementation Plan*, the Department for Medicaid Services (DMS) adopted the ASAM Criteria as the standard for SUD treatment for Medicaid beneficiaries.

Milestones



Milestone 1: *Access to Critical Levels of Care for OUD and other SUDs*, and Milestone 3: *Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities*, require SUD residential treatment facilities to obtain the ASAM Level of Care (LOC) Certification.

Timeline



SUD residential treatment providers can obtain a provisional residential LOC certification by self-attestation to meet this standard until July 1, 2021.

Provisional Certification

Eligibility

Enrolled PT 03: Behavioral Health Service Organization, Tier 3

Enrolled PT 30: Community Mental Health Centers, SUD Residential Programs

Benefits



Key Terms



ASAM Criteria

The American Society of Addiction Medicine patient placement criteria for providing outcome-oriented and results-based care in the treatment of addiction and recovery services.



ASAM Level of Care Certification

The ASAM Level of Care (LOC) Certification demonstrates a program's capacity to deliver a specific LOC, differentiating between the LOC available for addiction treatment.



Complete Attestation

An enrolled provider whom submits an approved DMS attestation form and all required supporting documentation outlined in Section G of the form to self-identify a residential program ASAM LOC.



Enhanced Rate

Fee-for-service reimbursement rate a provisionally certified provider receives beginning the effective date of their provisional certification.



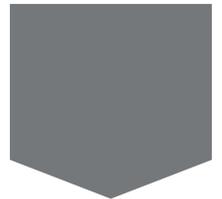
Provisional Period

Provisional Certification effective date through June 30, 2021.



SUD Residential Provisional Certification

A time limited residential level of care certification issued by DMS upon completion of provider attestation.



SUD Residential Provisional Certification

DMS Desk Audit

All completed attestation submissions will undergo a DMS BH Policy Team audit. Audit utilizes a tool outlining the ASAM criteria by residential levels.

Provisional Period

Allows time for providers to ensure that program standards meet ASAM criteria, more training opportunities,

Self Attestation

An attestation will be required for each enrolled facility and includes submitting the DMS approved attestation form, along with supporting documentation.

IMD Exclusion Waiver

If provisional certification is received, provider is eligible to receive a waiver of the IMD exclusion to provide up to 96 treatment beds per Medicaid ID.

Meeting the Standard

All SUD residential treatment facilities enrolled with Medicaid as a BHSO or CMHC will be required to obtain ASAM Level of Care Certification by July 1, 2021.

Enhanced Rates

Provisionally certified providers will receive a fee-for-service enhanced rate for residential services rendered during the provisional period.



Key Dates

11/15/2019



Provisional
Certification
Attestation
Opening Date

02/15/2020



DMS Desk
Audit
Deadline

04/01/2020



Provisional
Certification
Effective Date
with Enhanced
Rates

07/01/2021



ASAM LOC
Certification
Deadline

Today



Provider
Webinar

Webinar



**Attestation
Opening**



**Desk
Audit**



**Provisional
Certificate
Effective**



**Attestation
Closing**



01/01/2020



Submission
Deadline for
Provisional
Certification

**ASAM
Deadline** 13

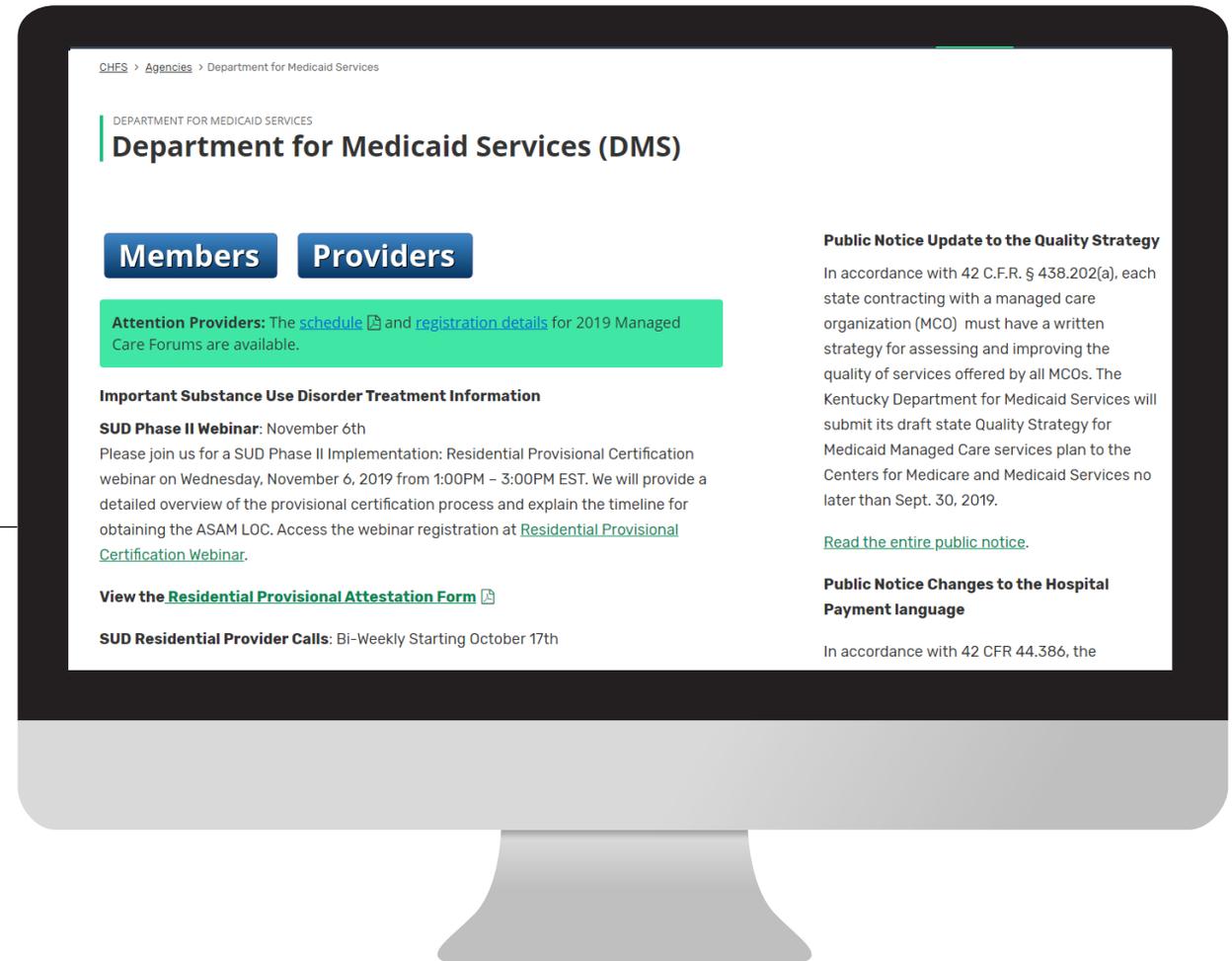
FINISH

Completing the Attestation Form

Accessing the Attestation Form

The attestation form and corresponding attestation guide will be posted on the DMS website located at:

<https://chfs.ky.gov/agencies/dms/Pages/default.aspx>



Attestation Form Components

The Attestation Form consists of six sections and eleven corresponding attachments.

A.



Legal Entity Information

B.



Program Description

C.



Assessment/Treatment

D.



Support Systems

E.



Staff Requirements

F.



Therapies

G.



Attachments

General Instructions

Department for Medicaid Services
Division of Policy and Operation
275 East Main St. 6W-D
Frankfort KY 40621



Email: DMS.Issues@ky.gov
Phone: (502) 584-6890

Provisional Residential Certification / Attestation

GENERAL INSTRUCTIONS

- A separate form must be completed for each residential facility location that meets the specific level of care based on the criteria defined by the American Society of Addictions Medicine (ASAM) for the provision of substance use disorder treatment services
- Residential facility providers must have completed a provider enrollment application and locations must be uniquely identifiable when submitting claims according to data standards set out by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules
- Complete ALL items on the form unless otherwise instructed. Failure to submit a complete attestation form by January 1, 2020, may inhibit you from being provisionally certified by the April 1, 2020 effective date.
- You may submit your DMS Attestation Form along with supporting documents to the DMS.Issues@ky.gov mailbox.
- When submitting, use the subject line "*Facility Name: SUD Residential Provisional Certification Attestation*".

Important information
to remember when
completing the form.

Section A: Legal Entity Information

All fields must be completed. A separate form must be completed for each facility.

| A. LEGAL ENTITY INFORMATION | | |
|---|--------------------------|-------------|
| 1. Legal Entity Name: | | |
| 2. Provider Name (if different than Legal Entity Name): | | |
| 3. Admin/Corporate Street Address: | | |
| 3a. City: | 3b. State/Zip: | |
| 4. Entity/Provider Website: | | |
| 5. Mailing Address (if different than Corporate Address) | | |
| 5a. City | 5b. State/Zip: | |
| 6. Contact: | 6a. Title: | |
| 6b. Contact Email: | 6c. Contact Phone: | |
| 7. National Provider Identifier (NPI) | 8. KY Medicaid ID: | |
| 9. License: | 9a. Number Licensed Beds | 10. Tax ID: |
| Additional Information: | | |
| 11. Are there multiple Facilities / Locations associated with this NPI? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 11a. If yes, please list facilities and locations. (attach list if necessary) | | |
| <input type="text"/> | | |
| 12. Do you approve sharing attestation with our DMS contracted Managed Care Organizations (MCO)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Section B: Program Description

| B. Program Description | ASAM LOC | Provide Service |
|---|----------|--------------------------|
| <p>Clinically Managed Low-Intensity Residential Services: 24-hour structure with available trained personnel; at least 5 hours of clinical service per week. <i>Examples of service delivery: Halfway house, group home or other supportive living environment (SLE) with 24-hour staff and close integration with clinical services.</i></p> | 3.1 | <input type="checkbox"/> |
| <p>Clinically Managed Population-Specific High-Intensity Residential Services: Note: This level of care not designated for adolescent populations. 24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. <i>Examples: Therapeutic rehabilitation facility or traumatic brain injury program</i></p> | 3.3 | <input type="checkbox"/> |
| <p>Clinically Managed High-Intensity Residential Services: 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu and therapeutic community. <i>Examples: Therapeutic community of variable length of stay with appropriately clinically trained staff; or a residential treatment center.</i></p> | 3.5 | <input type="checkbox"/> |

Select the box that best identifies your programs ASAM Level of Care.

Only 1 box may be selected.

Section C: Assessment / Treatment Plan

Select all that apply to your program.

| C. ASSESSMENT / TREATMENT PLAN | | Check all that apply |
|--|--------------------------|----------------------|
| 13. Bio-psychosocial assessment incorporates six dimensions and used to confirm the appropriateness of placement | <input type="checkbox"/> | |
| 14. Treatment plan is developed in collaboration with the recipient and reviewed by an interdisciplinary team knowledgeable about addiction treatment | <input type="checkbox"/> | |
| 15. Individualized treatment plan reflects recipient's clinical progress | <input type="checkbox"/> | |
| 16. Treatment plan reflects care coordination conducted by on-site staff including coordination of related addiction treatment, health care, mental health, social, vocational, housing and integrated services at this level and other levels of care | <input type="checkbox"/> | |
| 17. Program provides discharge follow up | <input type="checkbox"/> | |
| 18. Plan includes ongoing transition and continuing care planning (<i>required for ASAM level 3.3</i>) | <input type="checkbox"/> | |

Section D: Support Systems

Select all that apply to your program.

| D. SUPPORT SYSTEMS | | | | Check all that apply |
|---|--------------------------|--------------------------|--|--------------------------|
| 19. Physician and emergency service consultation in-person or telephone 24/7. | | | | <input type="checkbox"/> |
| 20. Program has direct affiliation or close coordination with other levels of care programs. | | | | <input type="checkbox"/> |
| 21. Please indicate whether services are available on-site or coordinated closely off-site, include description of off-site coordination process: | | | | |
| | On-Site | Off-Site | If Off-Site, Describe or attach additional documentation | |
| Medical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| Psychiatric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| Laboratory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| Toxicology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| Pharmacotherapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |
| Anti-addiction meds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | |

Section E: Staff Requirements

| E. STAFF REQUIREMENTS | | Check all that apply |
|--|--------------------------|-----------------------------|
| 22. Allied health professional staff on-site 24/7 able to provide supportive services. | <input type="checkbox"/> | |
| 23. Clinical staff with knowledge of biological and psychosocial dimensions of SUD treatment and able to identify signs and symptoms. | <input type="checkbox"/> | |
| 24. Team of licensed or credentialed medical, addiction and mental health clinicians who work with non-licensed professionals as an interdisciplinary team approach. | <input type="checkbox"/> | |
| 25. Clinical staff is able to assess and treat co-occurring mental health and SUD disorders. | <input type="checkbox"/> | |
| 25a. If not available include provider referral process for mental health treatment: | <input type="text"/> | |
| 26. One or more clinician with substance use disorder competencies must be available onsite or by telephone 24/7. (required for ASAM level 3.3 and above) | <input type="checkbox"/> | |
| 27. Clinical staff able to recognize the signs and symptoms of acute psychiatric conditions including decompensation. Staff have specialized training in behavior management techniques. (required for ASAM level 3.3 and above) | <input type="checkbox"/> | |
| 28. Clinical staff with ability to explain purposes of psychotropic medications and interactions with SUD. (required for ASAM level 3.5) | <input type="checkbox"/> | |
| 29. Do you have affiliation with DEA waived MD or APRN? (please provide provider information) | <input type="checkbox"/> | |
| Provider Name: | <input type="text"/> | NPI: <input type="text"/> |
| Contact Info: | <input type="text"/> | |
| License: | <input type="text"/> | Other: <input type="text"/> |

| Program Clinician/Staff | Number of Staff | Individual Therapy | Group Therapy | Family Therapy | Educational Session | Other |
|---|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Medical Doctor (MD) | | <input type="checkbox"/> |
| Advanced Practice Registered Nurse (APRN) | | <input type="checkbox"/> |
| Physician's Assistant (PA) | | <input type="checkbox"/> |
| Registered Nurse (RN) | | <input type="checkbox"/> |
| Psychiatrist (PSY) | | <input type="checkbox"/> |
| Licensed Psychological Practitioner (LPP) | | <input type="checkbox"/> |
| Certified Psychologist (CP) | | <input type="checkbox"/> |
| Licensed Clinical Social Worker (LCSW) | | <input type="checkbox"/> |
| Licensed Professional Clinical Counselor (LPCC) | | <input type="checkbox"/> |
| Licensed Marriage & Family Therapies (LMFT) | | <input type="checkbox"/> |
| Licensed Clinical Alcohol & Drug Counselor (LCADC) | | <input type="checkbox"/> |
| Licensed Psychological Associate (LPA) | | <input type="checkbox"/> |
| Certified Social Worker (CSW) | | <input type="checkbox"/> |
| Licensed Professional Counselor Associate (LPCA) | | <input type="checkbox"/> |
| Licensed Marriage & Family Therapist Associate (LMFTA) | | <input type="checkbox"/> |
| Licensed Clinical Alcohol & Drug Counselor Associate (LCADCA) | | <input type="checkbox"/> |
| Certified Alcohol & Drug Abuse Counselor (CADC) | | <input type="checkbox"/> |
| Peer Support Specialist (PSS) | | <input type="checkbox"/> |
| Targeted Case Management (TCM) | | <input type="checkbox"/> |

Please indicate program staff/clinician discipline per service provided and check all that apply.

Section F: Therapies

Select all that apply to your program.

| F.THERAPIES | Check all that apply |
|---|--------------------------|
| 30. Planned clinical program activities at least 5 hours per week designed to stabilize SUD symptoms, maintenance and relapse prevention. | <input type="checkbox"/> |
| 31. Does this program provide withdrawal management services? (If yes, provide more information: <input data-bbox="1327 439 2244 482" type="text"/>) | <input type="checkbox"/> |
| 32. Do you offer Medication Assisted Treatment (MAT) on-site? (If no, explain how programs affiliates off-site) Off-site information: <input data-bbox="1429 558 2364 601" type="text"/> | <input type="checkbox"/> |
| 33. Motivational enhancements and engagement strategies appropriate to the individual's stage of readiness and desire to change. | <input type="checkbox"/> |
| 34. Program offers recovery support services. | <input type="checkbox"/> |
| 35. Regular monitoring of the recipient's medication adherence. | <input type="checkbox"/> |
| 36. Program offers services for patient's family and significant others. | <input type="checkbox"/> |
| 37. Family services designed to accommodate the cognitive limitation(s) frequently seen in this population. | <input type="checkbox"/> |
| 38. For recipients with significant cognitive deficits, therapies are delivered in a manner that is slower-paced, more concrete and repetitive. <i>(required by ASAM level 3.3)</i> | <input type="checkbox"/> |
| 39. Random drug screening as appropriate to the recipient's treatment plan. <i>(required by ASAM level 3.1 and above)</i> | <input type="checkbox"/> |
| 40. Program offers health educational services. <i>(required for ASAM level 3.1 and above)</i> | <input type="checkbox"/> |
| 41. Program offers a range of cognitive, behavioral and other therapies adapted to the recipient's developmental stage, level of comprehension, understanding and physical abilities. <i>(required by ASAM level 3.3 and above)</i> | <input type="checkbox"/> |
| 42. Program offers planned community reinforcement fostering community living skills. <i>(required by ASAM level 3.5)</i> | <input type="checkbox"/> |
| 43. Support system components include evidenced based clinical services. <i>(required by ASAM level 3.5)</i> | <input type="checkbox"/> |

Section G: Attachments

Attachments are required when submitting the attestation form. All attachments should be submitted in order.

Department for Medicaid Services
Division of Policy and Operation
275 East Main St. 6W-D
Frankfort KY 40621



Email: DMS.Issues@ky.gov
Phone: (502) 564-8890

Provisional Residential Certification / Attestation

| Check if attached | G. ATTACHMENTS List of attachments required with this request for provisional certification. Please keep the attestation and all attachments in order. |
|--------------------------|---|
| <input type="checkbox"/> | Attachment 1: Linkage agreement(s) with off-site or affiliated agency/providers (if applicable) |
| <input type="checkbox"/> | Attachment 2: Documentation supporting access to 24/7 emergency services |
| <input type="checkbox"/> | Attachment 3: Detailed weekly program schedule |
| <input type="checkbox"/> | Attachment 4: Weekly staffing schedule including staff credentials |
| <input type="checkbox"/> | Attachment 5: Assessment Tool(s) |
| <input type="checkbox"/> | Attachment 6: Example of Treatment Plan and Discharge Summary |
| <input type="checkbox"/> | Attachment 7: Yearly staff education/training requirements |
| <input type="checkbox"/> | Attachment 8: Certifications for Non-Licensed/Non-Credentialed staff |
| <input type="checkbox"/> | Attachment 9: Policy for care coordination, discharge planning and referrals (if applicable) |
| <input type="checkbox"/> | Attachment 10: Drug screening policy |
| <input type="checkbox"/> | Attachment 11: Description of evidence-based practices/therapies utilized |

Signing Attestation

Attestation form must be signed and dated in order to be considered complete.

I hereby certify that all information contained in this document and the supporting document is true and accurate. I further understand that any information entered in this document that subsequently is found to be false may result in termination of any agreements that the facility has or may enter into with DMS and/or its contractors.

In compliance with the DMS Provisional Residential Certification/Attestation Form, the Facility attests that it will permit only staff members who are fully licensed and/or meet DMS program requirements to see and treat Medicaid eligible members.

I hereby give permission and consent for DMS and/or its contractors, to obtain and verify information provided in this form and consent to the release by any person, organization or other entity to DMS and/or its contractors, of all information relevant to the evaluation of the facility's ability to render addiction recovery and treatment services in a cost-effective manner and agree to hold harmless any such person or organization from any cause or action based on the release of such information to DMS and/or its contractors.

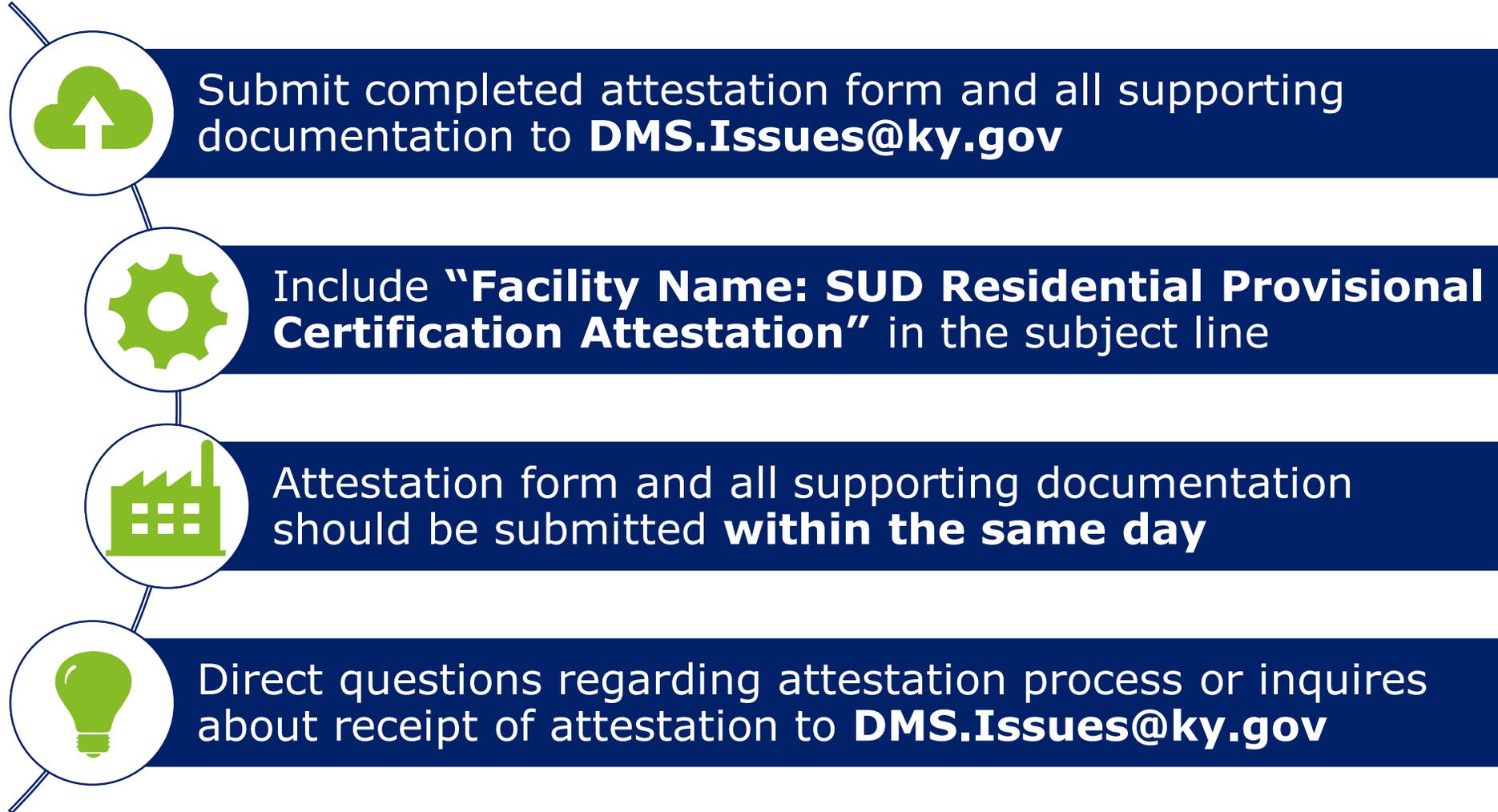
By signing this attestation, I agree that all statements are true and agree to abide by any contracted requirements for the services delivered under the authority of this agreement.

Printed Name:

Title: Phone (if different)

Signature: Date:

Attestation Submission Process



DMS Desk Audit

Desk Audit

All completed attestation submissions will undergo a desk audit conducted by the DMS BH Policy Team.

The BH Policy Team will utilize a checklist outlining the ASAM criteria by residential levels to review providers attestation.

DMS will complete desk audits by 2/15/2020 for all completed submissions who met the 1/1/2020 deadline.

Receiving Provisional Certification

Notification of Provisional Certification

DMS will issue a letter of provisional approval to each facility who submitted a completed attestation. This letter will contain a provisional certification recognizing the identified providers self-attested residential LOC.

Letters will be issued approximately March 1, 2020.

The letter will contain provider expectations for obtaining the ASAM LOC Certification by July 1, 2021, including the process for submitting the ASAM LOC Certification to DMS upon obtainment.

Providers who submitted a complete attestation by 1/1/2020 will receive a provisional certification effective date of April 1, 2020 expiring June 30, 2021.

Reimbursement

Provisional Certification Reimbursement

Providers who obtain a SUD Residential Provisional will receive a fee-for-service enhanced rate for residential services rendered during the provisional certification period.

| Self-Attested ASAM Level of Care | DMS Enhanced Rate |
|--|--------------------------|
| 3.1 Clinically Managed Low-Intensity Residential Services | ≈ 10% Increase |
| 3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adult) | > 25% Increase |
| 3.5 Clinically Managed High-Intensity Residential Service Services (Adult) | > 25% Increase |
| 3.5 Clinically Managed Medium-Intensity Residential Services (Adolescent) | > 25% Increase |

Reimbursement Provisions



Providers who **DO NOT** obtain SUD Residential Provisional Certification will receive the current fee-for-service residential rate for reimbursement of \$230 per diem.



Providers with provisional certification who do not maintain an active license throughout the provisional period will be subject to recoupment of the enhanced payment.



All enrolled SUD residential treatment providers who do not obtain the ASAM LOC Certification by 7/1/2021 will not be eligible for reimbursement of residential services by DMS.

Provisional Certification “Need to Know”

Provisional Certification “Need to Know”

DMS encourages any provider with multiple residential facilities attesting to multiple ASAM LOC to obtain separate Medicaid IDs and NPIs for **each** facility.

If a provider increases bed capacity upon receiving Provisional Certification, a maintenance application should be completed using [KY Medicaid Partner Portal Application \(KY MPPA\)](#).

Next Steps

Start Attesting!

Deadline for attestation submission to receive 4/1/2020 effective date is 1/1/2020.

Participate in our bi-weekly Provider Check-In via Zoom. Check your inbox for the invitation or register here: [Provider Check-In Registration](#).

Utilize the links following this webinar for the Attestation Form and a step-by-step guide to complete the form.

Preparing for ASAM LOC Certification

Get to Know ASAM



[What are the ASAM Levels of Care?](#)

[ASAM Certification Program FAQs](#)



[ASAM Phase I Pilot Results](#)

[ASAM Levels of Care Certification](#)



Opportunities for ASAM Training and Technical Assistance

KORE e-Trainings



[e-Trainings](#)

Contact Michelle Kilgore at
michelle.kilgore@ky.gov

ASAM In-Person Trainings



**Nov. 14-15th
Hazard**

**Nov. 21-22nd
Central Kentucky**

*Additional Trainings Coming
Spring 2020

Other Opportunities



TA:

www.getSTR-Ta.org

Questions

If you have questions after today, please send your question(s) to DMS.Issues@ky.gov



Thank You!

We appreciate all of your hard work and we look forward to connecting with you on 11/14 at our [Residential Provider Virtual Check-In!](#)